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APPLICANTS

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** CONTINUING DATA *****

This application is a DIV of 10/035,186 01/04/2002 PAT 6,731,128
 and is a DIV of 09/615,198 07/13/2000 ABN

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/19/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>C. J. L. S.</i> Examiner's Signature Initials	STATE OR COUNTRY NY	SHEETS DRAWING 7	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 1
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TITLE

TFI PROBE I/O WRAP TEST METHOD

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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